



Maine State Archives
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Application for Records Retention Schedule

Department	Bureau/Division	Date
Agency Records Officer	Mailing Address	Telephone Number

Certificate of Agency Representative:

I hereby certify that I am authorized to act for this agency in matters relating to the disposal of its record series as described in this Records Retention Schedule. These records will not be needed for current business after the retention period(s) specified.

Date	Signature of Agency Records Officer (Other Agency Head – Please Specify)
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☐ New Schedule ☐ Amendment to Existing Schedule **Schedule Number**

If amendment, please indicate reason **and give justification:**

☐ Change in retention

☐ Other (describe)

*See Inventory Form for media examples. **Give amount of time in agency and in Records Center (i.e. no. of years, contingent upon event, less than one year, permanent, etc.). Retention time would begin once records are closed. Records would not be sent to the Records Center (or Archives) until the records were closed and the agency retention time was fulfilled.

Series No. <small>(If Amended)</small>	Series Title	Media Type*	Time Retained in Agency**	Time Retained in Center**	Destroy or Archives

Maine State Archives Use Only

Agency No.	Schedule No.
Date	Signature of State Archivist